

Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL
OMB Number: 3235-0076
Expires: January 31, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001. Item 1. Issuer's Identity Name of Issuer Entity Type (Select one) Previous Name(s) None ★ Corporation Rheonix, Inc. **Limited Partnership** Jurisdiction of Incorporation/Organization Limited Liability Company Delaware General Partnership **Business Trust** Year of Incorporation/Organization Other (Specify) (Select one) (Within Last Five Years Over Five Years Ago 2008 (specify year) (If more than one issuer is filing this notice, check this box 🔲 and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).) Item 2. Principal Place of Business and Contact Information Street Address 2 Street Address 1 22 Thornwood Drive Cornell Technology Park City State/Province/Country ZIP/Postal Code Phone No. Ithaca New York 14850-1263 607-257-1080 Item 3. Related Persons Last Name Middle Name First Name

EBSC NOTICE) ii st ivanie			
Eisenhut	Anthony		35	
Street Address 1		Street Address 2	Mall processing	
Cornell Technology Park		22 Thornwood Drive	Section	
City	State/Province/Country	ZIP/Postal Code		
thaca	New York	14850-1263	JAN 152009	
Relationship(s): X Executive Officer Director Promoter			Weshington, DC	
Clarification of Response (if Necessary)	resident		701	

(Identify additional related persons by checking this box [X] and attaching Item 3 Continuation Page(s).) Item 4. Industry Group (Select one) Agriculture **Business Services** Construction **Banking and Financial Services Energy REITS & Finance** Commercial Banking **Electric Utilities** Residential **Energy Conservation** Insurance Other Real Estate Coal Mining Investing Retailing Investment Banking **Environmental Services** Restaurants Oil & Gas Pooled Investment Fund **Technology** Other Energy If selecting this industry group, also select one fund Computers type below and answer the question below: **Health Care** Telecommunications Hedge Fund Biotechnology Other Technology \odot Private Equity Fund Health Insurance Venture Capital Fund Travel Hospitals & Physcians Airports Other Investment Fund **Pharmaceuticals** Is the issuer registered as an investment Other Health Care

Manufacturing

Commercial

Real Estate

company under the Investment Company

No
 No

Act of 1940? Yes

Other Banking & Financial Services

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W. Item 5. Issuer Size (Select one)	ashington, DC 20549
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above) No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose Not Applicable	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above) No Aggregate Net Asset Value \$1 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$50,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose Not Applicable
Item 6. Federal Exemptions and Exclusions Cla	nimed (Select all that apply) nivestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504(b)(1)(ii) Rule 504(b)(1)(iii) Rule 504(b)(1)(iii) Rule 505 Rule 506 Securities Act Section 4(6)	Section 3(c)(1) Section 3(c)(9) Section 3(c)(2) Section 3(c)(10) Section 3(c)(3) Section 3(c)(11) Section 3(c)(4) Section 3(c)(12) Section 3(c)(5) Section 3(c)(13) Section 3(c)(6) Section 3(c)(14) Section 3(c)(7)
Item 7. Type of Filing	
New Notice OR Amendmer Date of First Sale in this Offering: 12/31/08 Item 8. Duration of Offering Does the issuer intend this offering to last more than Item 9. Type(s) of Securities Offered (Select	OR First Sale Yet to Occur
X Equity	Pooled Investment Fund Interests
Debt	☐ Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	☐ Mineral Property Securities☐ Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busin transaction, such as a merger, acquisition or exchange offe Clarification of Response (if Necessary)	
Shares issued in connection with the purchase	of substantially all of the assets of a Delaware corporation

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Item 11. Minimum Investment	·		
Minimum investment accepted from any outside investor	\$ N/A		
Item 12. Sales Compensation			
Recipient	Recipient CRD Number		
N/A			☐ No CRD Number
(Associated) Broker or Dealer None	(Associated) Broker or Dea	iler CRD Nur	mber
-			No CRD Number
Street Address 1	Street Address 2	_	
City State/Pro	ovince/Country ZIP/Postal Coo	le	
States of Solicitation All States			
		<u></u>	
☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA	☐ ME ☐ MD ☐ MA	☐ MI □ OH}	☐ MN ☐ MS ☐ MO ☐ OK ☐ OR ☐ PA☐
RI SC SD TN TX UT	□VT □VA □WA	☐ w	□ WI □ WY □ PR
(Identify additional person(s) being paid comp	pensation by checking this box	and attach	ing Item 12 Continuation Page(s).
Item 13. Offering and Sales Amounts	_		
\$ 999,600]	
(a) Total Offering Amount		OR	Indefinite
(b) Total Amount Sold \$ 999,600		_	
(c) Total Remaining to be Sold \$		OR	Indefinite
(Subtract (a) from (b)) Clarification of Response (if Necessary)			
		<u> </u>	
Item 14. Investors		<u>.</u>	
Check this box X if securities in the offering have been or m number of such non-accredited investors who already have ir	nuncted in the offerings	qualify as acc	credited investors, and enter the
number of such from accredited investors will diready have in	nvested in the oriening: 22		
Enter the total number of investors who already have invested	ed in the offering: 22		
Item 15. Sales Commissions and Finders' Fee	s Expenses		
Provide separately the amounts of sales commissions and fin	ders' fees expenses if any if an a	mount is no	known, provide an estimate and
check the box next to the amount.	ders rees expenses, it diff. It dire		, knovn, provide arrestinate brid
	Sales Commissions \$ N/A	· -	Estimate
61 15 11 15 15 15 15 15 15 15 15 15 15 15	Finders' Fees \$		Estimate
Clarification of Response (if Necessary)	indentices 5		

FORM D

number.

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de the amount of the gross proceeds of the of for payments to any of the persons requir tors or promoters in response to Item 3 above ate and check the box next to the amount.	ired to be named as executive officers, \$ U
Clarification of Response (if Necessary)	
nature and Submission	
ease verify the information you have ent	tered and review the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submittle	ng this notice, each identified issuer is:
such service may be made by registered of against the issuer in any place subject to activity in connection with the offering of provisions of: (i) the Securities Act of 193. Company Act of 1940, or the Investment State in which the issuer maintains its pri Certifying that, if the issuer is cluthe reasons stated in Rule 505(b)(2)(iii). This undertaking does not affect any limits \$110 Stat. 3416 (Oct. 11, 1996)] imposes on the "covered securities" for purposes of NSMIA, we routinely require offering materials under this	s may accept service on its behalf, of any notice, process or pleading, and further agreeing that or certifled mail, in any Federal or state action, administrative proceeding, or arbitration brough the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the 3, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the incipal place of business or any State in which this notice is filed. Islaming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, a ability of States to require information. As a result, if the securities that are the subject of this Form D are whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot a undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do and authority.
so under NSMIA's preservation of their anti-fra	
·	
Each identified issuer has read this notice undersigned duly authorized person. (Chin Item 1 above but not represented by si	heck this box and attach Signature Continuation Pages for signatures of Issuers identified igner below.) Name of Signer
Each identified issuer has read this notice undersigned duly authorized person. (Ch In Item 1 above but not represented by si	heck this box and attach Signature Continuation Pages for signatures of issuers identified igner below.)
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Each identified issuer has read this notice undersigned duly authorized person. (Chin Item 1 above but not represented by si Issuer(s)	neck this box and attach Signature Continuation Pages for signatures of Issuers identified igner below.) Name of Signer Anthony Eisenhut

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name John Brenner Street Address 2 Street Address 1 22 Thornwood Drive Cornell Technology Park City State/Province/Country ZIP/Postal Code New York 14850-1263 Ithaca Relationship(s): Clarification of Response (if Necessary) | Secretary Middle Name Last Name First Name Galvin Gregory Street Address 1 Street Address 2 22 Thornwood Drive Cornell Technology Park State/Province/Country ZIP/Postal Code City 14850-1263 New York Ithaca ☐ Executive Officer ☐ Director ☐ Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)

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